

Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | 01/17/2018 2:30 PM ET | Meeting location|Webinar link:
<https://esacinc2.webex.com/esacinc2/j.php?MTID=mb962393406b2f4cf8f09d16d996ee5ec>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Rob Samples (ESAC)	<ul style="list-style-type: none"> - Upcoming Cooking with CQL Webinar on Thursday, January 18th at 4pm ET, register for the webinar https://ecqi.healthit.gov/ecqi/ecqi-events - Educational Resources slides posted: https://ecqi.healthit.gov/cql/cql-educational-resources <ul style="list-style-type: none"> o Side-by-Side Comparison of an eCQM for Eligible Hospitals and Critical Access Hospitals (CAHs) Using CQL o Side-by-Side Comparison of an eCQM for Eligible Professionals and Eligible Clinicians Using CQL
30 Minutes	QDM-188: Use of SNOMED for Allergy Class	Floyd Eisenberg (ESAC)	<p><u>Overview:</u></p> <p>The group considered the impact of adding SNOMED CT concepts to value sets containing RxNorm ingredient terms for the QDM datatype, Allergy/Intolerance when referencing medications. The 2018 ONC Interoperability and Standards Advisory (ISA) recommends using SNOMED CT for capturing medication allergies by medication class, and provides an example using the SNOMED <i>product</i> hierarchy. Such a change would allow adding product hierarchy concepts from SNOMED to the existing medication ingredient value sets. The product hierarchy is more easily mapped to the medications.</p> <p>Adding SNOMED product class assumes that:</p> <ul style="list-style-type: none"> - All implementers will have the resources to implement it - All Drug Information (DI) vendors will include a mapping from internal terminology to SNOMED CT drug class concepts - All DI Vendors will have a consistent and verifiable linkage between internal concepts and medication ingredients <p>ESAC asked the User Group how current implementations used SNOMED CT and if the required capability is present in systems today.</p>

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30 Minutes-Cont.	QDM-188: Use of SNOMED for Allergy Class-Cont.	Floyd Eisenberg (ESAC)	<p><u>Discussion:</u></p> <p>Lisa Anderson (TJC) – Suggested a possible use case for this determining allergy to statins as all statins are in the same class of medication.</p> <p>Rob McClure (NLM Contractor) - Explained that prior to the 2018 ISA, National Drug File - Reference Terminology (NDF-RT™) was always recommended to express medication classes. The Value Set Authority Center (VSAC) did not have NDF-RT™ as a separate code system until this past year; thus it was not available for quality measures. NDF-RT™ is now available and could be used as a code system with concepts that could represent a statin as a medication class. Whatever code system used should have a consistent association with a set of ingredient concepts. SNOMED CT has the accurate list of ingredients.</p> <p>NDF-RT™ will be incorporated into a new code system which will be released soon: Medication Reference Terminology (MED-RT™). MED-RT™ will replace NDF-RT™. When published, MED-RT™ will have direct links to the SNOMED CT concept as well as the RxNorm concepts. Using SNOMED CT in the near term does not preclude using terminology services to address future concepts, specifically MED-RT™. However, MED-RT™ might be a better choice because it actively links a set of vetted ingredients to the class concepts. SNOMED CT is widely used internationally. The U.S. is not planning on using SNOMED CT to manage its representation of drugs. The intent is to continue to use RxNorm as a way of representing drugs within the U.S. jurisdiction.</p> <p>Lisa Anderson (TJC) – If the timeline for release of MED-RT™ is farther out, the group might want to use SNOMED CT for now; however if it is available sooner, it might make sense to just wait for MED-RT™ to be published. Rob McClure noted there is no official release date, although he believes this may be very soon. The date would not impact the upcoming eCQM release, but it could impact next year’s release. A decision about what to use for medication class requires a Governance group’s decision.</p> <p>ESAC asked how a change to SNOMED CT or Med-RT™ would impact implementers.</p> <p>Zahid Butt (MediSolv) – Suggested the medication class concept may relate to medication negation issues. Current measures could use it for exclusions. Negation currently used in the medication context goes beyond allergy and may occur at the medication ordering level or administration level. RxNorm works at the ordering level. At the administration level, it is probably easier to negate it at the level the RxNorm was ordered. ESAC suggested that</p>

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30 Minutes-Cont.	QDM-188: Use of SNOMED for Allergy Class-Cont.	Floyd Eisenberg (ESAC)	<p>medication allergy is currently used as an exclusion or exception, but it could potentially be used as a population or denominator criterion as well.</p> <p>Jamie Lehner (PCPI) – For PCPI’s purposes, allergy is an exception and not an altogether exclusion. PCPI measures identify medication allergy as a diagnosis indicating an allergy to a class of drugs, a medication allergy associated with the ingredient, or a medical reason for which the medication order was not done. Jamie agreed with Lisa that if MED-RT™ is released in the near future, it might be smoother to just wait for the release.</p> <p>Zahid Butt (MediSolv) – Noted that in the current (version 4.3) QDM context, often the negation rationale in this use case is an attribute of the medication datatype as opposed to the allergy datatype.</p> <p>Rob McClure (NLM Contractor) – Noted in the context of the impact to QDM, this is yet another way to align with patients’ records. Patients might indicate an allergy to a particular statin ingredient and the quality measure should allow for the granular ingredient concepts in addition to the general class concept. If NDF-RT™ is used, implementers could continue to use NDF-RT™ identifiers because the same concepts are in MED-RT™ and if using SNOMED CT the transition to MED-RT™ should not be too difficult either. The presumption is DI vendors provide direct mapping to more standardized open source available codes. Any user of a drug class concept for clinical decision support or for a quality measure must identify the individual ingredients. The DI vendors are doing so with NDF-RT™. All these concepts will exist in MED-RT™ with the same identifier.</p> <p>Howard Bregman (Epic) – This presumption is correct. From Epic’s perspective, it is the DI vendor who controls the medication terminology.</p> <p>Zahid Butt (MediSolv) – MED-RT™ might be preferable if its release is near in the future and is in keeping with what is currently in use. SNOMED CT would be a bigger change.</p> <p>Rob McClure (NLM Contractor) - For those currently using VSAC, NDF-RT™ is available and if heading towards MED-RT™ users may incorporate NDF-RT™ concepts as these will be very easy to find in MED-RT™. Rob asked if anyone on the call uses the codes alone.</p> <p>Marc Overhage (Cerner) – Noted they use the codes alone. They have a terminology service to translate and do not want edit all the rules when the list changes. They use both NDF-RT™ and SNOMED depending on the use case. Rob McClure suggested it is important when users create and share outside of their environment, that they create a value set with the list of ingredients they</p>

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30 Minutes-Cont.	QDM-188: Use of SNOMED for Allergy Class-Cont.	Floyd Eisenberg (ESAC)	<p>believe to be in the class. Marc Overhage agreed and explained this is done when they export, but it is only a point in time value set. ESAC asked whether it makes sense to use both class codes. Rob McClure noted a code system that provides a vetted mapping is preferable as provided by MED-RT™; providing mapping within the value set should be discouraged.</p> <p><u>Resolution/Next Steps:</u></p> <p>Rob McClure will seek additional information regarding the timing of the release of MED-RT™. He will also seek comments from the ONC with regards to the 2018 ISA. Rob McClure and ESAC will take this issue to the Governance group. ESAC will follow up with the DI vendors at the upcoming HL7 meeting.</p>
30 Minutes	QDM-101: Consider Addition of a Medication, Order <i>context</i> Attribute	Floyd Eisenberg (ESAC)	<p><u>Overview:</u></p> <p>Jira Ticket QDM-101 suggests that an attribute should be added to the Medication, Order QDM datatype indicating the intended setting in which the medication is expected to be given.</p> <ul style="list-style-type: none"> - Use Case: CMS 156 – Should medications ordered in a hospital setting be excluded? <ul style="list-style-type: none"> o To clarify, CMS 156 does not exclude inpatient orders for medications addressed in the measure, and the QDM UG discussion did not include recommendations for that measure. The measure was presented based on the Jira ticket as an example of a situation that, hypothetically, might need to exclude inpatient medication orders. - Questions for the QDM UG: <ul style="list-style-type: none"> o To address medications ordered in different settings, should QDM Medication, Order include a context attribute to allow specification of the setting? o Are there other QDM medication datatypes that might require a similar context attribute? <p>ESAC noted that one could use logic to identify timing relationships between medications ordered and a given type of encounter. However, the logic can add complexity to the measure. Hence, the Jira ticket request is to consider a context attribute for Medication, Order and Medication, Active to indicate where the ordered medication is expected to be administered, or where it is expected to be “active.”</p> <p>For context, ESAC presented the HL7 FHIR MedicationRequest resource which includes a MedicationRequest.context metadata element defined as: “a link to an encounter or episode of</p>

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30 Minutes-cont.	QDM-101: Consider Addition of a Medication, Order <i>context</i> Attribute-cont.	Floyd Eisenberg (ESAC)	<p>care that identifies the particular occurrence or set occurrences of contact between patient and health care provider.” Note that the current FHIR definition for context is not sufficiently specific to denote whether it addresses the setting in which the medication is ordered, or the setting in which it is intended to be used.</p> <p><u>Discussion:</u></p> <p>Howard Bregman (Epic) – Epic has a medication order metadata status element (<i>mode</i>) that clearly distinguishes the anticipated setting (i.e., inpatient or outpatient). The <i>mode</i> field is used to indicate medications to send to the pharmacy as eprescriptions such that they are available for the patient to pick up and take after discharge from the hospital. We can assume other EHR enterprise vendor products have similar capabilities.</p> <p>ESAC asked for clarification if the <i>mode</i> indicates where the order is written or where it should be dispensed and taken. Howard Bregman confirmed that <i>mode</i> indicates when the medication should be given, not where the order was written. ESAC questioned if this is the intention of the FHIR <i>context</i> attribute. Howard Bregman noted the intention may be consistent with the Epic <i>mode</i> field, but the FHIR definition is somewhat ambiguous. Howard Bregman also suggested the name for the proposed attribute as “context” or “setting” accompanied with an explanation.</p> <p>Lisa Anderson (TJC) – Asked for clarification because some measures look for medication at discharge. Howard Bregman (Epic) and ESAC suggested the QDM datatype Medication, Discharge addresses a different use case. Medication, Discharge allows the measure developer to specific that a medication is on the planned post-discharge treatment plan. Some of the Medication, Discharge medications have corresponding eprescriptions (orders), others reference medications already present in the patient’s home that do not require prescriptions, still others reference over-the-counter medications that also do not require prescriptions. Hence, Medication, Discharge will persist to address the special specific use case of post-discharge medication plans.</p> <p>Howard Bregman offered an example for why a measure developer might want to use context to help define the measure better going forward: CMS 164, use of aspirin and other anti-platelet drugs for ischemic vascular disease. A patient is included in the numerator if the patient has ischemic vascular disease and also active aspirin or other anti-platelet medication during the measurement period. A patient admitted to the hospital who receives a single dose of aspirin meets numerator criteria even if the patient is not taking aspirin at home, which may not be the intention of the measure. The patient should be included in the numerator if advised to take aspirin.</p>

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30 Minutes-cont.	QDM-101: Consider Addition of a Medication, Order <i>context</i> Attribute-cont.	Floyd Eisenberg (ESAC)	<p>Zahid Butt (MediSolv) – Suggested on the inpatient side the orders are typically relevant to actions performed inside the encounter. Additionally, sometimes this is addressed by separating the ambulatory record from the inpatient record. The issue addressed may surface only in EHRs that combine inpatient and outpatient care information. He agreed this is an issue worth addressing.</p> <p>Jamie Lehner (PCPI) – PCPI typically allows for Medication, Order or Medication, Active in instances where the medication or order might overlap a particular encounter. Therefore, this issue has not surfaced since the relationship to an encounter may avoid the issue in the Jira ticket. She indicated a need for additional time to fully understand the implication for PCPI measures and what changes might be needed.</p> <p>ESAC offered a possible scenario: If a doctor prescribed a medication based on a telephone call, there is no face-to-face interaction documented, but the medication was ordered. In such a scenario, a measure linking medication orders to encounters would miss the order and the patient would fail the numerator even though a medication order existed. Jamie suggested their measures intentionally require face-to-face encounters. Eliminating the face-to-face requirement might not necessarily meet the measure intent. She suggested that more concrete examples and further conversations with more measure developers would be useful.</p> <p>Howard Bregman (Epic) - Offered another example: CMS126, use of appropriate medications for asthma. A patient qualifies for the denominator with a qualifying visit and a diagnosis of asthma. A patient is included in the numerator because of a medication order for a preferred asthma therapy (inpatient or outpatient). For example, a patient goes to the ER and receives an inhaler for an acute episode and is then discharged without being referred to asthma therapy. Since the medication in the acute setting was in the value set, the patient is included in the numerator, but they are not in the intended numerator (i.e., someone getting the recommended outpatient therapy for asthma).</p> <p>Zahid Butt (MediSolv) – Noted this happens a lot in patient-based measures where the qualifying encounter is used as attribution. This is more potentially an issue where QDM might be able to assist. He suggested a need to discuss these issues further and clarifying the intent with examples.</p> <p><u>Resolution/Next Steps:</u></p> <p>ESAC noted the need for measure developers to consider potential use cases and implications of adding a <i>context</i> attribute to Medication, Order and/or Medication, Active. If such an attribute were</p>

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30 Minutes-cont.	QDM-101: Consider Addition of a Medication, Order <i>context</i> Attribute-cont.	Floyd Eisenberg (ESAC)	added to QDM it would be for the 2019 measure development cycle and it would need further evaluation and input and MCCB approval. ESAC will work with measure developers offline to help describe where such an attribute might help and bring back to this group for discussion. Measure developers should consider this further offline to identify examples to discuss. Also, ESAC will enter a comment in the HL7 FHIR 4.0 ballot describing the potential ambiguity of the MedicationResource.context metadata element. Further clarity of the HL7 FHIR metadata element will help inform the QDM User Group.
5 Minutes	Next Meeting	Rob Samples (ESAC)	<p>Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> - Contact us at gdm@esacinc.com - Or start a discussion: gdm-user-group-list@esacinc.com <p><i><u>If you attend the QDM User Group meetings but do not receive communications or have access to the QDM User Group List, please send an email to QDM@esacinc.com so you may be added to the distribution list.</u></i></p> <p>Next user group meeting</p> <ul style="list-style-type: none"> - Regularly Scheduled Meeting – February 21, 2018 from 2:30 to 4:30 PM ET.

Action Items:

Assignee	Topic	Action Item Details
NA	None	NA
NA	None	NA
NA	None	NA

Invitees/Attendees:

	Name	Organization
X	Abrar Salam	The Joint Commission
	Alex Lui	Epic
X	Angela Flanagan	Lantana
	Anna Bentler	The Joint Commission
	Anne Coultas	McKesson
	Anne Smith	NCQA
	Balu Balasubramanyam	MITRE
	Ben Hamlin	NCQA
	Beth Bostrom	AMA
	Brian Blaubeux	Northern Westchester Hospital
	Bryn Rhodes	ESAC
	Chana West	ESAC
	Chandra Bartleman	Telligen
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
	Cynthia Barton	Lantana
	Dalana Ostile	Providence Health Systems
	Dave Wade	Apprio
	Debbie Hall	University of Maryland
	Deidre Sacra	
	Doug Goldstein	Epic
X	Erin Dickerman	
X	Floyd Eisenberg	ESAC
	Ganesh Shanmugam	Glenwood Systems
X	Howard Bregman	Epic
X	Jamie Lehner	PCPI
	Jean Fajen	Telligen
X	Jenny Brush	ESAC
	Jenna Williams-Bader	NCQA
	John Carroll	The Joint Commission
	John Lujan	Kaiser Permanente
	Jessica Smails	Caradigm
	Joseph Kunisch	Memorial Hermann
	Jorge Belmonte	PCPI
	Julia Skapik	ONC
	Julie Koscuiszka	Nyack Hospital
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
	Jay Frails	Meditech
	Khadija Mohammed	ESAC
	Kendra Hanley	HSAG
X	Kimberly Smuk	HSAG
	KP Sethi	Lantana
	Latasha Archer	NCQA
	Laura Pearlman	Midwest Center for Women's Healthcare

	Name	Organization
	Laurie Wissell	Allscripts
	Lindsey Clapper	
X	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
	Marc Hadley	MITRE
X	Marc Overhage	Cerner
X	Margaret Dobson	Zepf Center
	Marilyn Parenzan	The Joint Commission
	Melissa Tindal	
	Melissa Van Fleet	Alliance Health Oklahoma
	Michelle Dardis	The Joint Commission
	Michelle Hinterberg	MediSolv
	Mike Shoemaker	Telligen
	Mukesh Allu	Epic
	Neelam Zafar	The Joint Commission
X	Pamela Mahan-Rudolph	Memorial Hermann
	Patty McKay	FMQAI
X	Paul Denning	MITRE
	Rachel Buchanan	Oregon Urology
	Rayna Scott	PCPI
	Rebecca Baer	
X	Rob McClure	NLM Contractor
X	Rob Samples	ESAC
	Rose Almonte	MITRE
	Rukma Joshi	ESAC
	Rute Martins	MITRE
	Ruth Gatiba	Battelle
	Ryan Clark	Xcenda
	Samuel Benton	NCQA
	Sethuraman Ramanan	Cognizant
X	Stan Rankins	Telligen
	Susan Wisnieski	Meditech
	Sweta Ladwa	ESAC
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
	Tom Dunn	Telligen
	Toi Anderson	
	Vaspaan Patel	NCQA
	Wendy Wise	Lantana
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
X	Yvette Apura	PCPI
X	Zahid Butt	MediSolv
	Zach May	ESAC